

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

ADDRESS (number and street) **ATTENTION: MARY ANN ROUSE**
1000 BLYTHE BOULEVARD
 Check if different than previously reported. (ACC)
CHARLOTTE NC 28203-2861

2. **FEC IDENTIFICATION NUMBER** C00423871
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer Electronically Filed by Mary Ann Rouse Date 10 02 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC**

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date									
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		0.00
Y	Y	Y	Y								
2	0	0	6								
(b) Cash on Hand at Beginning of Reporting Period	16997.64										
(c) Total Receipts (from Line 19)	23506.41	40551.70									
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40504.05	40551.70									
7. Total Disbursements (from Line 31)	158.55	206.20									
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40345.50	40345.50									
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00										
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00										

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	17983.45	32733.45
(i) Itemized (use Schedule A)	5364.41	7612.05
(ii) Unitemized	23347.86	40345.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23347.86	40345.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	158.55	206.20
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	23506.41	40551.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23506.41	40551.70

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	158.55	206.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	158.55	206.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	158.55	206.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	158.55	206.20

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	23347.86	40345.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23347.86	40345.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	158.55	206.20
37. Offsets to Operating Expenditures (from Line 15, page 3)	158.55	206.20
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial) Frank Ford		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 159 Tetbury Ave.		Transaction ID: SA11A1.4325	
City State Zip Code Concord NC 28025		Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$83.34 monthly	
Name of Employer Carolinas HealthCare System		Occupation Healthcare Executive	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02	

B. Full Name (Last, First, Middle Initial) Frank Ford		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 159 Tetbury Ave.		Transaction ID: SA11A1.4380	
City State Zip Code Concord NC 28025		Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$83.34 monthly	
Name of Employer Carolinas HealthCare System		Occupation Healthcare Executive	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.36	

C. Full Name (Last, First, Middle Initial) Marsha Ford		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 6836 Alexander Road		Transaction ID: SA11A1.4296	
City State Zip Code Charlotte NC 28270		Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$166.67 monthly	
Name of Employer Carolinas HealthCare System		Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.34	

SUBTOTAL of Receipts This Page (optional) ▶	333.35
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial) Marsha Ford		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 6836 Alexander Road		Transaction ID: SA11A1.4356	
City State Zip Code Charlotte NC 28270		Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$166.67 monthly	
Name of Employer Carolinas HealthCare System	Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.01		

B. Full Name (Last, First, Middle Initial) Marsha Ford		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 6836 Alexander Road		Transaction ID: SA11A1.4409	
City State Zip Code Charlotte NC 28270		Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$166.67 monthly	
Name of Employer Carolinas HealthCare System	Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68		

C. Full Name (Last, First, Middle Initial) Paul Franz		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 1320 Fillmore Ave #413		Transaction ID: SA11A1.4249	
City State Zip Code Charlotte NC 28203		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$1000 monthly	
Name of Employer Carolinas HealthCare System	Occupation Healthcare Administration		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1333.34
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial) Paul Franz		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006	
Mailing Address 1320 Fillmore Ave #413		Transaction ID: SA11A1.4322	
City State Zip Code Charlotte NC 28203		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$1000 monthly	
Name of Employer Carolinas HealthCare System		Occupation Healthcare Administration	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

B. Full Name (Last, First, Middle Initial) Paul Franz		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 1320 Fillmore Ave #413		Transaction ID: SA11A1.4379	
City State Zip Code Charlotte NC 28203		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$1000 monthly	
Name of Employer Carolinas HealthCare System		Occupation Healthcare Administration	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00	

C. Full Name (Last, First, Middle Initial) Suzanne Freeman		Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2006	
Mailing Address 8221 Buena Vista Ln		Transaction ID: SA11A1.4304	
City State Zip Code Denver NC 28037		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$400 monthly	
Name of Employer Carolinas HealthCare System		Occupation Senior VP - CHS	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	2400.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial)
 Suzanne Freeman

Mailing Address 8221 Buena Vista Ln

City State Zip Code
 Denver NC 28037

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System
 Occupation: Senior VP - CHS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 01 / 2006

Transaction ID: SA11A1.4363

Amount of Each Receipt this Period
 400.00

Payroll Deduction \$400 monthly

B. Full Name (Last, First, Middle Initial)
 Suzanne Freeman

Mailing Address 8221 Buena Vista Ln

City State Zip Code
 Denver NC 28037

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System
 Occupation: Senior VP - CHS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2006

Transaction ID: SA11A1.4415

Amount of Each Receipt this Period
 400.00

Payroll Deduction \$400 monthly

C. Full Name (Last, First, Middle Initial)
 Greg Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System
 Occupation: Hospital Administration

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 01 / 2006

Transaction ID: SA11A1.4283

Amount of Each Receipt this Period
 800.00

Payroll Deduction \$800 monthly

SUBTOTAL of Receipts This Page (optional)	1600.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial) Greg Gombar Mailing Address 4625 Cotton Creek Drive City State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006 Transaction ID: SA11A1.4347 Amount of Each Receipt this Period 800.00 Payroll Deduction \$800 monthly
Name of Employer: Carolinas HealthCare System Occupation: Hospital Administration Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00		

B. Full Name (Last, First, Middle Initial) Greg Gombar Mailing Address 4625 Cotton Creek Drive City State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 Transaction ID: SA11A1.4400 Amount of Each Receipt this Period 800.00 Payroll Deduction \$800 monthly
Name of Employer: Carolinas HealthCare System Occupation: Hospital Administration Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00		

C. Full Name (Last, First, Middle Initial) William Hubbard Mailing Address 3114 Quiet Cove City State Zip Code Tega Cay SC 29708 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006 Transaction ID: SA11A1.4338 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
Name of Employer: Carolinas HealthCare System Occupation: Hospital Administrator Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02		

SUBTOTAL of Receipts This Page (optional)	1683.34
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial)
 William Hubbard

Mailing Address 3114 Quiet Cove

City State Zip Code
 Tega Cay SC 29708

FEC ID number of contributing federal political committee. **C**

Name of Employer
 Carolinas HealthCare System

Occupation
 Hospital Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2006

Transaction ID: SA11A1.4393

Amount of Each Receipt this Period
 83.34

Payroll Deduction \$83.34 monthly

B. Full Name (Last, First, Middle Initial)
 John Knox

Mailing Address 6530 Boykin Spaniel Rd.

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing federal political committee. **C**

Name of Employer
 Carolinas HealthCare System

Occupation
 Senior Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 01 / 2006

Transaction ID: SA11A1.4355

Amount of Each Receipt this Period
 83.34

Payroll Deduction \$83.34 monthly

C. Full Name (Last, First, Middle Initial)
 John Knox

Mailing Address 6530 Boykin Spaniel Rd.

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing federal political committee. **C**

Name of Employer
 Carolinas HealthCare System

Occupation
 Senior Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2006

Transaction ID: SA11A1.4408

Amount of Each Receipt this Period
 83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)	250.02
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial)
 Mary Kuzmanovich

Mailing Address 560 Pine Rd

City Davidson State NC Zip Code 28036

FEC ID number of contributing federal political committee. **C**

Name of Employer Carolinas HealthCare System Occupation Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 20 / 2006

Transaction ID: SA11A1.4286

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
 Eric Landis

Mailing Address 4221 Brookfield Dr.

City Charlotte State NC Zip Code 28210

FEC ID number of contributing federal political committee. **C**

Name of Employer Carolinas HealthCare System Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 16 / 2006

Transaction ID: SA11A1.4343

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
 James T McDeavitt, MD

Mailing Address 826 Berkeley Ave.

City Charlotte State NC Zip Code 28203

FEC ID number of contributing federal political committee. **C**

Name of Employer Carolinas HealthCare System Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 01 / 2006

Transaction ID: SA11A1.4305

Amount of Each Receipt this Period
 500.00

Payroll Deduction \$500 monthly

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial)
James T McDeavitt, MD

Mailing Address 826 Berkeley Ave.

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee. **C**

Name of Employer
 Carolinas HealthCare System
 Occupation
 Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 01 / 2006

Transaction ID: SA11A1.4364

Amount of Each Receipt this Period
 500.00

Payroll Deduction \$500 monthly

B. Full Name (Last, First, Middle Initial)
James T McDeavitt, MD

Mailing Address 826 Berkeley Ave.

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee. **C**

Name of Employer
 Carolinas HealthCare System
 Occupation
 Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2006

Transaction ID: SA11A1.4416

Amount of Each Receipt this Period
 500.00

Payroll Deduction \$500 monthly

C. Full Name (Last, First, Middle Initial)
James Olsen

Mailing Address 5900 Summerston Place

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing federal political committee. **C**

Name of Employer
 Carolinas HealthCare System
 Occupation
 Materials Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 01 / 2006

Transaction ID: SA11A1.4349

Amount of Each Receipt this Period
 100.00

Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial) James Olsen Mailing Address 5900 Summerston Place City State Zip Code Charlotte NC 28277		Date of Receipt M M / D D / Y Y Y Y 09 29 2006 Transaction ID: SA11A1.4402 Amount of Each Receipt this Period 100.00 Payroll Deduction \$100 monthly
FEC ID number of contributing federal political committee. C		
Name of Employer Carolinas HealthCare System Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Materials Manager Aggregate Year-to-Date ▼ 400.00	

B. Full Name (Last, First, Middle Initial) F. Renfro Mailing Address 811 E. Morehead St. #3 City State Zip Code Charlotte NC 28202		Date of Receipt M M / D D / Y Y Y Y 09 01 2006 Transaction ID: SA11A1.4362 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
FEC ID number of contributing federal political committee. C		
Name of Employer Carolinas HealthCare System Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sr. VP - Human Resources Aggregate Year-to-Date ▼ 250.02	

C. Full Name (Last, First, Middle Initial) F. Renfro Mailing Address 811 E. Morehead St. #3 City State Zip Code Charlotte NC 28202		Date of Receipt M M / D D / Y Y Y Y 09 29 2006 Transaction ID: SA11A1.4414 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
FEC ID number of contributing federal political committee. C		
Name of Employer Carolinas HealthCare System Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Sr. VP - Human Resources Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional)	266.68
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial)
 Geoffrey Rose, MD

Mailing Address 315 Hempstedd Place

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System
 Occupation: Cardiologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2006

Transaction ID: SA11A1.4394

Amount of Each Receipt this Period
 100.00

Payroll Deduction \$100 monthly

B. Full Name (Last, First, Middle Initial)
 Charles Simonton, MD

Mailing Address 1001 Blythe Blvd. Suite 300

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System
 Occupation: Cardiologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2006

Transaction ID: SA11A1.4374

Amount of Each Receipt this Period
 100.00

Payroll Deduction \$100 monthly

C. Full Name (Last, First, Middle Initial)
 Michael Tarwater

Mailing Address 2137 Dilworth Road East

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System
 Occupation: Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 01 / 2006

Transaction ID: SA11A1.4259

Amount of Each Receipt this Period
 800.00

Payroll Deduction \$800 monthly

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
**CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC**

A. Full Name (Last, First, Middle Initial)
 Michael Tarwater

Mailing Address 2137 Dilworth Road East

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System
 Occupation: Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 01 / 2006

Transaction ID: SA11A1.4333

Amount of Each Receipt this Period
 800.00

Payroll Deduction \$800 monthly

B. Full Name (Last, First, Middle Initial)
 Michael Tarwater

Mailing Address 2137 Dilworth Road East

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System
 Occupation: Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2400.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2006

Transaction ID: SA11A1.4388

Amount of Each Receipt this Period
 800.00

Payroll Deduction \$800 monthly

C. Full Name (Last, First, Middle Initial)
 Alan Thaling

Mailing Address 4501 Cameron Valley Parkway

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System
 Occupation: MD

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 01 / 2006

Transaction ID: SA11A1.4346

Amount of Each Receipt this Period
 83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)	1683.34
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial)
 Alan Thalinger

Mailing Address 4501 Cameron Valley Parkway

City State Zip Code
 Charlotte NC 28211

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System
 Occupation: MD

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2006

Transaction ID: SA11A1.4399

Amount of Each Receipt this Period
 83.34

Payroll Deduction \$83.34 monthly

B. Full Name (Last, First, Middle Initial)
 Harrison Trammell

Mailing Address 421 Canyon Trail

City State Zip Code
 Charlotte NC 28270

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System
 Occupation: Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 20 / 2006

Transaction ID: SA11A1.4278

Amount of Each Receipt this Period
 3000.00

C. Full Name (Last, First, Middle Initial)
 Stephen Wagner, PHD

Mailing Address 4301 Morrowick Rd.

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System
 Occupation: Health Care Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 01 / 2006

Transaction ID: SA11A1.4344

Amount of Each Receipt this Period
 83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)	3166.68
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial)
 Stephen Wagner, PHD

Mailing Address 4301 Morrowick Rd.

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System
 Occupation: Health Care Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2006

Transaction ID: SA11A1.4397

Amount of Each Receipt this Period
 83.34

Payroll Deduction \$83.34 monthly

B. Full Name (Last, First, Middle Initial)
 Martha Whitecotton

Mailing Address 9526 Greyson Ridge Dr.

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System
 Occupation: Vice President-Admin

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 01 / 2006

Transaction ID: SA11A1.4368

Amount of Each Receipt this Period
 83.34

Payroll Deduction \$83.34 monthly

C. Full Name (Last, First, Middle Initial)
 Martha Whitecotton

Mailing Address 9526 Greyson Ridge Dr.

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing federal political committee. **C**

Name of Employer: Carolinas HealthCare System
 Occupation: Vice President-Admin

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 333.36

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 29 / 2006

Transaction ID: SA11A1.4419

Amount of Each Receipt this Period
 83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)	250.02
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial) Robert Wiggins, Jr. Mailing Address 6417 Seton House Lane City State Zip Code Charlotte NC 28277 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006 Transaction ID: SA11A1.4352 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
Name of Employer: Carolinas HealthCare System Occupation: CPA Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02		

B. Full Name (Last, First, Middle Initial) Robert Wiggins, Jr. Mailing Address 6417 Seton House Lane City State Zip Code Charlotte NC 28277 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006 Transaction ID: SA11A1.4405 Amount of Each Receipt this Period 83.34 Payroll Deduction \$83.34 monthly
Name of Employer: Carolinas HealthCare System Occupation: CPA Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36		

C. Full Name (Last, First, Middle Initial) Zachary J Zapack Mailing Address 1800 Camden Road Suite 107, #214 City State Zip Code Charlotte NC 28203 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2006 Transaction ID: SA11A1.4254 Amount of Each Receipt this Period 500.00 Payroll Deduction \$500 monthly
Name of Employer: Carolinas HealthCare System Occupation: Hospital Administrator Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	666.68
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

A. Full Name (Last, First, Middle Initial) Zachary J Zapack		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 1800 Camden Road Suite 107, #214		Transaction ID: SA11A1.4329
City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$500 monthly
Name of Employer Carolinas HealthCare System	Occupation Hospital Administrator	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B. Full Name (Last, First, Middle Initial) Zachary J Zapack		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 1800 Camden Road Suite 107, #214		Transaction ID: SA11A1.4384
City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Payroll Deduction \$500 monthly
Name of Employer Carolinas HealthCare System	Occupation Hospital Administrator	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C. Full Name (Last, First, Middle Initial) Samuel Zimmern		Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006
Mailing Address 1001 Blythe Blvd.		Transaction ID: SA11A1.4239
City State Zip Code Charlotte NC 28203	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Carolinas HealthCare System	Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	17983.45

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 22
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial) A. Charlotte-Mecklenburg Hospital Authority D/B/A Carolinas HealthCare System		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006
Mailing Address Attention: Mary Ann Rouse PO Box 32861		Transaction ID: SA15.4427
City State Zip Code Charlotte NC 28232-2861	Amount of Each Receipt this Period 156.07	
FEC ID number of contributing federal political committee. C	reimb of credit cd fees by connected org	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 203.72	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Charlotte-Mecklenburg Hospital Authority D/B/A Carolinas HealthCare System		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006
Mailing Address Attention: Mary Ann Rouse PO Box 32861		Transaction ID: SA15.4429
City State Zip Code Charlotte NC 28232-2861	Amount of Each Receipt this Period 2.48	
FEC ID number of contributing federal political committee. C	Aug cred. cd fees reimb by connected org	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 206.20	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	158.55
TOTAL This Period (last page this line number only) ▶	158.55

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Wachovia Bank

Mailing Address 401 S. Tryon Street

City Charlotte State NC Zip Code 28288

Purpose of Disbursement
Credit Card Fees for July

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4425

Date of Disbursement

07 / 03 / 2006

Amount of Each Disbursement this Period

156.07

Full Name (Last, First, Middle Initial)

B. Wachovia Bank

Mailing Address 401 S. Tryon Street

City Charlotte State NC Zip Code 28288

Purpose of Disbursement
Credit Card fees for August

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4428

Date of Disbursement

08 / 02 / 2006

Amount of Each Disbursement this Period

2.48

SUBTOTAL of Disbursements This Page (optional) ►

158.55

TOTAL This Period (last page this line number only) ►

158.55